Niveau(x) d'enseignement: 3 Numéro EDUQ : 8570696
Centre d'intérêt: 260

Commission scolaire Baldwin-Cartier (Pointe-Claire, Québec).

Report of the Baldwin-Cartier Summer Clinic 1973 for children with learning disabilities / Ed Gallagher, dir. -- Pointe-Claire : Baldwin-Cartier School Commission, 1973.
25, [11] f. ; 28 cm.

Descripteur(s): *Education spéciale *Trouble d'apprentissage *Difficulté d'apprentissage *Session d'été *Enseignement correctif *Formation des enseignants *Formation pratique *Primaire (Niveau)

Le document porte sur la troisième clinique destinée aux enfants ayant des troubles d'apprentissage, laquelle se déroula durant l'été 1973 sur le territoire de la Commission scolaire Baldwin-Cartier. Le personnel de la clinique provenait des écoles de la Commission, mais aussi d'autres commissions situées sur l'Ile de Montréal. Les enfants participant à la clinique avaient fréquenté les écoles de la Commission scolaire durant l'année 1972-1973. L'objectif de cette clinique est d'aider les enfants ayant des troubles d'apprentissage et de former, par la pratique, de futurs enseignants. Tous les étudiants-maîtres étaient inscrits au Département d'éducation spéciale de l'Université McGill.

Le rapport, après avoir présenté le personnel de la clinique et ses objectifs, s'attarde à en décrire l'organisation: le programme, les problèmes des enfants, les enseignants, le transport, etc. La section suivante est consacrée à la préparation des étudiants-maîtres et à leur formation pratique avant la session d'été. On décrit ensuite le programme d'enseignement correctif, les diverses activités physiques, artistiques et éducatives. La section suivante traite du programme des étudiants-maîtres durant la session. Finalement, on aborde de façon succincte la participation des parents et des travailleurs sociaux et le suivi qui fut donné à la session.

Type de document: r
Région(s) administrative(s): 063
Notice(s) connexe(s): 8570695

EDUQ 8570696

REPORT OF

THE BALDWIN-CARTIER

SUMMER CLINIC 1973

FOR CHILDREN WITH

LEARNING DISABILITIES

Ed Gallagher M.Ps., Director

July, 1973.

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TABLE OF CONTENTS

		Page
I.	Introduction.....	2
II	Staffing of the Clinic.....	3
III	Objectives of the Clinic.....	5
IV	ORGANIZATION OF THE CLINIC.....	5
	A. Introduction.....	5
	B. Team Work.....	6
	C. The Children.....	7
	D. Problems of the Children.....	10
	E. The Teachers.....	11
	F. Location of the Clinic.....	12
	G. Transportation of the Children.....	12
	H. Secretarial Service.....	13
V.	TEACHER PREPARATION FOR THE CLINIC.....	14
VI.	REMEDIAL TEACHING PROGRAMME.....	15
	A. Introduction.....	15
	B. Scheduling.....	15
	C. Programme in the Gymnasium.....	16
	D. Programme in the Swimming Pool.....	17
	E. Remedial Academics.....	17
	F. Socialization Periods.....	18
	G. Arts and Crafts Periods.....	19
	H. Field Trip.....	19
VII.	THE TEACHERS' PROGRAMME	21
VIII.	PARENT PARTICIPATION.....	23
IX.	SOCIAL WORKERS PARTICIPATION.....	24
X.	FOLLOW-UP.....	25
XI.	CONCLUSION.....	25

ATTACHMENT 'A' TEACHER RECOMMENDATIONS Pages 1-5.

ATTACHMENT 'B' NORTH SHORE NEWS ARTICLE Pages 1-3.

ATTACHMENT 'C' MONTREAL STAR ARTICLE Pages 1-3.

1. Introduction:

This is a report of the third annual Summer Clinic for young children with Learning Disabilities operated by the Baldwin-Cartier School Commission. This year the Clinic was staffed from our own schools as well as by many teachers from English and French, Protestant and Catholic School Commissions throughout the Island of Montreal, and included teachers from the following locations:

Commission Scolaire Chomedey de Laval

Hôpital Riviére des Prairies

Laurenval School Board

Montreal Catholic School Commission

Peter Hall School

Richelieu Valley School Board

South Shore Protestant School Board

As in previous years all the children chosen for the Clinic experience had attended Baldwin-Cartier schools during the '72-'73 year and their progress will be followed closely throughout the coming years, particularly throughout '73-'74. All the Team Leaders and the Director were full-time employees of our Commission. We take particular pride in the talents, energy, tráning and dedication of our own people. We know that it is not necessary to look beyond our own trained and experienced teachers to find superbly qualified educators.

We were most fortunate, also, in the calibre of teachers who turned to us through McGill University Department of Special Education when they were seeking a Clinic experience where they would be supervised in the application of the many courses in Theory, Methods and Materials to which they had been exposed in earlier course work. We could not have achieved the level of success we did with our children were it not for these teachers' own talent, goodwill and clear determination to help our children.

11. Staffing of the Clinic:

DIRECTOR: Ed Gallagher, Psychologist, Baldwin-Cartier School Comm.

TEAM LEADERS: (All teachers in Baldwin-Cartier Schools)

Pierre-Paul ALLARD, Centre de Readaptation, Pointe Claire

Guy DUFRESNE, Centre de Readaptation, Pointe Claire.

Mrs. Donna FLORENCE, Wilder Penfield School, Dollard Des Ormeaux.

Mrs. Gwyneeth FOSTER, Fathers of Confederation School, Pierrefonds.

Mrs. Thelma HUNTER, St. Edmund School, Beaconsfield.

Frank MURRAY, St. John Fisher School, Pointe Claire.

STAFF OF TEACHERS:

A. The following employees of Baldwin-Cartier School Commission who hold full Certification in Special Education from McGill University:

Mlle. Louise BEAULIEU, Ecole Ste. Genevieve.

M. Yvon BOILEAU, Ecole Secondaire St. Thomas.

Mde. Diane DESAULNIERS, Ecole St. Remi.

Miss Alanna GROSS, Wilder Penfield School.

Mr. Bryan MacDEVITT, St. Thomas High School.

Mrs. Anne RODRIGUES, Corpus Christi School.

Mrs. Marlene SALLEE, St. Edmund School.

Mrs. Louise THOMPSON, Regina Caeli School.

Mrs. Toyoko ZUBER, Fathers of Confederation School.

B-C Summer Clinic '73

11. Staffing of the Clinic, Cont'd

B. The following teachers from a number of different School Commissions earned credit towards a Diploma in Special Education or a Masters Degree in Special Education from McGill University, by their participation in our Clinic:

M. Denis ARPIN, Hôpital Riviere des Prairies.

M. Jean ETHIER, teacher, Hôpital Riviere des Prairies.

Mlle. Nicole CHAREST, teacher, Ecole Ste. Genevieve (Baldwin-Cartier).

M. Yvon DESNOYERS, teacher at Ecole Ste. Domitile, Comm. Scolaire Chomedey de Laval.

Mde. Alice FILION, teacher at Ecole Lalande, (Baldwin-Cartier).

Mr. Ron FORCIER, Principal of St. Edmund School (Baldwin-Cartier).

Mrs. Nancy JENSEN, Teacher and Asst. to Principal, Peter Hall School, Crawford Unit, Verdun.

Mrs. Agathe LALIBERTE, teacher at Laval West Elementary School. Laurenvale School Board.

Miss Diana MARTIN, teacher from Montreal Catholic School Commission.

Miss Donna MYLES, teacher at Preville Elementary School, South Shore Protestant Regional School Board.

Mrs. Nora PEACH, teacher at Mountainview School, Otterburn, with the Richelieu Valley School Board.

Mrs. Kathleen PHILLIPS, teacher at Mountainview School, Otterburn, with the Richelieu Valley School Board.

Mrs. Liz SCULLION, teacher at Preville Elementary School South Shore Protestant Regional School Board.

M. Alain TOUNISSOUX, teacher at Hôpital Riviere des Prairies.

Miss Shannon WHITE, teacher at Souvenir Elementary School, Laval Catholic School Board.

II. Objectives of the Clinic:

As last year, our primary consideration throughout the Clinic was to meet the specific needs of the individual children so that their unique patterns of learning discerned before and more clearly during the summer programme, could be developed and pursued during the following school years. The Clinic was also designed to help the selected children by reinforcing their previously acquired skills and by preventing the loss of these new skills as a result of the disuse which could occur with a whole summer away from school.

A secondary, but very important, purpose of the Clinic was to train teachers in the early identification of learning disabilities and the techniques used for their remediation. All our teachers-in-training this year were working to earn credit toward their Diploma in Special Education or their Masters Degree in Special Education at McGill University.

IV. Organization of the Clinic:

A. Introduction:

The Clinic consisted of a four-week daily programme for the children, preceded by one month of two-nights per week teacher training. At the end of the four weeks the teachers remained with us for three additional days during which time we prepared our written reports to the parents, schools and some doctors who were following the progress of some children. At this time we also interviewed all our parents and reported to them in person with specific recommendations suggestions and 'feed-back' about their own child.

The professional staff of the Clinic consisted of the Director, five team leaders (who were full-time teachers with the Commission and certified and experienced Special Educators); ten experienced Baldwin-Cartier teachers who were fully certified in Special Education and who were paid a salary to work on a one-to-one basis with our children and assigned two per team; and fifteen teachers in training who were assigned three to each team. Each of the five teams worked with five children and as per recommendation of Clinic '72 the team leader was not assigned her own child.

IV. Organization of the Clinic, Cont'd

A. Introduction: Cont'd

In summary then, we had thirty-one adults working with twenty-five children organized in teams of one leader, five teachers and five children. This is such an enviable teacher-student ratio that the MONTREAL STAR of Wednesday, July 25th featured our Clinic on Page 1 with the following headline: Bilingual Clinic - EACH STUDENT HAS HIS OWN TEACHER. (Please see Attachment A for a copy of this MONTREAL STAR article in full.)

Two of our teams of leader-and teachers were French, three were English - presumably because more teachers have been trained in Special Education at McGill University in English; and it was possible to interest more English teachers in working in the Clinic. The Team Leader without total responsibility of a child-of-her-own, was able to function much more successfully as a teacher-of-teachers, as a supervisor, and was able to become much more involved with all five children assigned to her team. This meant that six adults came to know five children in the greatest possible depth. With ten children from Baldwin-Cartier's French schools and fifteen from our English schools, we had twelve French-speaking teachers and eighteen English speaking teachers.

B. Team Work:

Part of each day was spent on individual one-to-one remedial academics, part in small group activities such as discussions, Art sessions and some of the Gym work (involving the group of 6 teachers and 5 children on the team), and another part of each day all 25 children and 30 teachers were involved in large group activities in the Swimming Pool or Gym (for rhythm and music etc.).

This was organized in such a way as to expose the children to situations involving both individual, small and large group activities, and to duplicate as far as possible, the child's normal school environment while still providing him with a large amount of individualized, one-to-one remedial instruction. Each day's individual and group work was re-designed and re-evaluated in accordance with his specific needs and his daily progress. We were continually conscious of the fact that all the children were expected to return to a normal classroom situation in September and that only limited amounts of individual instruction would be available to him there. We did not want him to become dependent upon only individual instruction and we did always keep in mind his return to the group and the classroom with 30 or 35 students. We designed our daily programmes with all aspects of group and one-to-one instruction in mind at all times.

IV. Organization of the Clinic: Cont'd

C. The Children:

The criteria used for the selection of the 25 children were similar to those used for Clinic '72 and included:

a) at least average intelligence;
b) a disability such as impaired visual and/or auditory perception, gross and/or fine-motor difficulty, social or emotional adjustment, environmental deprivation, or lack of physical maturity.
c) would be a pupil drawn from one of our Special Education classes who needed the continuity of the extra month in school, OR one who might not have been receiving prior individual remediation and probably not likely to receive much in the way of one-to-one attention during the course of the following school year.
d) would have the potential to realize a significant improvement in a very short period of time.

We did not accept any children for a second summer in succession despite requests from several parents of the children in Clinic '72. This decision was made on the basis that we have such a large school population to consider, that each year we have to turn down so many worthy children, and that the financial outlay by the School Commission on a per-pupil basis has become more staggering with each year as we increase the number of children and pay more teachers each year.

In Summer Clinic '71 (which was jointly operated with the Lakeshore Regional School Board) 15 B-C teachers (only 3 salaried) worked with 14 children. In Summer Clinic '72 22 B-C teachers, of whom 5 only were salaried and worked with 19 children. In Summer Clinic '73 the Commission paid salaries to 16 of the 31 teachers who worked with 25 of our children.

No child was passed over if transportation was a problem for his parents, because once again the Volunteer Drivers made themselves available to our children; this summer the A Ma Baie Citizen's Committee assisted one father who transported half-a dozen children; and as previously, several mothers doubled-up in their driving duties.

As indicated from the above our new School Commission territory as of July 1973 was considered in the planning and screening of children, and the fact that we accepted a boy from the Dorval area and another boy from the Pierrefonds section that formerly was served by the St. Laurent School Commission, prove that we gave much consideration to the newly enlarged territory.

IV. Organization of the Clinic, Cont'd

C. The Children, Cont'd

The problem of selection of children was even more real and difficult when we received recommendations from approximately 21 schools and the fact that children were selected from 17 of these, indicates that geography did have some influence in some of the decisions. Certainly the type of presenting problem, as well as the above-mentioned criteria for selection, were the primary considerations. For the parents of the children not accepted this year, some feeling regarding OUR decisions of how we provide service to 100 recommended children from some 21 elementary schools may be requested. The selection process is one of the most difficult parts of our pre-planning.

The 25 children finally selected for Summer Clinic '73 ranged in age from 6 years 7 months to 10 years 9 months, and were drawn from Kindergarten to Grade 5 and from 8 different Municipalities served by the Commission. The children came from these six French schools:

Centre de Readaptation
Ecole Marguerite Bourgeoys
Ecole Msgr. Deschamps
Ecole St. Genevieve
Ecole St. Gerard
Ecole St. Remi.

The children were chosen from the following eleven English Schools:

Corpus Christi
Fathers of Confederation
Kirkland
Regina Caeli
Wilder Penfield
St. Bernard's
St. Charles
St. Edmund
St. John Fisher
Ste. Suzanne
St. Veronica

IV. Organization of the Clinic, Cont'd

C. The Children, Cont'd

The proportion of boys to girls was the usual lopsided one we find among children experiencing learning difficulties, more boys than girls, in fact we chose only 8 girls to our 17 boys. The ages and grades from which the 25 children were drawn were as follows:

AGES OF THE CHILDREN

6.0 - 6.11	4 children	(2 girls and 2 boys)
7.0 - 7.11	6 children	(2 girls and 4 boys)
8.0 - 8.11	9 children	(2 girls and 7 boys)
9.0 - 9.11	2 children	(both boys)
10.0 -10.11	4 children	(2 girls and 2 boys)

GRADES FROM WHICH THE CHILDREN WERE DRAWN:

Kindergarten	1 child	(a boy)
Grade 1	7 children	(3 girls and 4 boys)
Grade 2	9 children	(3 girls and 6 boys)
Grade 3	3 children	(3 boys)
Grade 4	2 children	(1 girl and 1 boy)
Grade 5	1 child	(a girl)
Special Class*	2 boys	(* from the Centre de Readaptation)

NOTE: Reference to the report of Summer Clinic '72 Attachment "D" page 4 would indicate that we did not follow the teachers' recommendation that future Clinics accept more very young children (i.e. from Kindergarten and Grade 1) because the youngest children accepted for Clinic '72 appeared to have been 'caught' before they had had to many unfavourable school experiences; and because the older children were also clearly the more discouraged children. From the above statistics we obviously did not choose many Kindergarten children - but this was mainly because THOSE CONSIDERED DESERVING BY THE TEACHERS IN THE RECOMMENDING SCHOOLS were not Kindergarten children, or another way to state it would be that they just weren't recommended to the Clinic.

IV. Organization of the Clinic, Cont'd

C. The Children, Cont'd

MUNICIPALITIES SERVED BY THE CLINIC:

The final 25 children chosen for the Clinic were residents of the following eight municipalities served by Baldwin-Cartier School Commission:

Baie D'Urfe	1 girl	
Beaconsfield	1 girl and	1boy
Dollard des Ormeaux	2 girls and	2 boys
Dorval		1 boy
Pierrefonds	3 girls and	4 boys
Pointe Claire		6 boys
Roxboro		1 boy
Ste. Genevieve	1 girl and	1 boy
TOTAL:	8 girls	16 boys

D. Problems of the Children:

Broadly categorized, the children were identified as requiring remediation in some or several of the following areas of their development: there were problems of Social Behavior, of Attention and Distractability, of Hyperactivity and Impulsivity; there were Vision problems of attention, perception and memory; there were Auditory problems of attention, Discrimination and Memory and limited Listening Skill Development; there were fine motor and gross motor problems in all of the children: there were moderate to severe Speech and Auditory problems; there were far too many Language problems (about which more will be said under Teacher Recommendations in Attachment 'A' and of course, many problems in the academic areas of Language Arts, Mathematics, Number and Reading in both English and French.

Without exception the children were either extremely poor writers or they disliked writing so intensely that novel ways had to be found to entice them to submit their academic work in a written form. Most of the children were found to have a poorly developed sense of rhythm and required much help in this area. All were suffering from feelings of poor self-worth. And far too many came from homes where the language in the home was different from the language in which their parents had chosen to have their child educated.

IV. Organization of the Clinic, Cont'd

F. The Teachers:

As indicated above the Commission paid salaries to ten experienced and fully certified (in Special Education) teachers from our own schools, in addition to paying our Team Leaders and the Director for their services. These 10 teachers were drawn from 12 of our Commission Schools (5 French schools and 7 English schools) and this is considered a clear indication that our 'gospel' of Special Education has been heard throughout the Commission.

Some of our French and English teachers in training were drawn from our own schools, some from outside the Commission as indicated above. When we include these teachers-in-training among our number, we find that the 25 children were drawn from 17 schools, and that they worked with 18 Baldwin-Cartier teachers from the following 12 schools:

2 teachers from the Centre de Readaptation
1 teacher from Corpus Christi School
1 teacher from Ecole Lalande
2 teachers from Ecole Ste. Genevieve
1 teacher from Ecole St. Remi
1 teacher from Ecole Secondaire St. Thomas
2 teachers from Fathers of Confederation School
1 teacher from Regina Caeli School
2 teachers and the Principal from St. Edmund's School
1 teacher from St. John Fisher School
1 teacher from St. Thomas High School
2 teachers from Wilder Penfield School

We are most grateful to all these dedicated teachers who provided such service to the children while furthering their own professional qualifications, improving their teaching experience and furthering their own personal development in the name of EDUCATION.

NOTE: Another recommendation or suggestion that came from the teachers envolved in Summer Clinic '72, was that we attempt to attract more male teachers. That year only 5 of the 22 adults in the Clinic were males. In Summer Clinic '73 we were able to have 11 men involved with the 25 children, most of whom worked on the two French-speaking teams, i.e. on the French side we had 7 men and 5 women working with 8 boys and 2 girls, while on the three English-speaking teams we were only able to have 3 men out of the 18 teachers working with 9 boys and 6 girls. Just as there is no clear reason why the proportion of boys with learning problems is traditionally and continually so much higher than that of girls, in Special Education, as in all Elementary education, we have a much SMALLER proportion of male teachers. Again the feeling of the teachers in Summer Clinic '73 was that for the sake of the larger number of 'turned-off' boys experiencing learning difficulties we should continue to encourage our men teachers to move to the very rewarding area of Special Education.

IV. Organization of the Clinic, cont'd

F. Location of the Clinic:

Again as for Summer Clinic '72, we were located this summer at our own Centre de Readaptation, No. 5 Ste. Anne Street in Pointe Claire - the school operated by our Commission for learning disabled children from our French Elementary schools. The teachers moved into the Centre on Tuesday June 26th, the children commenced the very next morning. The children continued daily from 9:00 A.M. to 12:00 Noon until and including Tuesday July 24th. The teachers worked for four more hours every day after the children had gone home, using this time to evaluate the present day's activities and progress, and to plan the following day's programme. The teachers also remained three days later than the children for a period of report writing and for interviewing of all the parents.

G. Transportation of the Children:

As indicated above, we met with the most remarkable cooperation among the parents of our Clinic children - but again we found it necessary and desirable to turn to the community to assist those who were unable to manage the transportation for their own child. Many parents shared rides and a couple of mothers transported their own and a couple of other children twice a day every day for the whole month. To those mothers of Clinic children who accepted this additional burden and responsibility go our most sincere "Thank you!"

Again this year we found it necessary to turn to Mrs. Betty Russell, the Director of the Lakeshore Volunteer Bureau for assistance in the transportation of many of our children. Betty managed to find eight generous Lakeshore residents who made themselves available to our children for the full month and we cannot possibly thank them adequately because without their generosity these children would not have been able to obtain the help offered.

We owe, then, a particular word of "Thanks" to Mrs. Brown, Mrs. Dormer, Mrs. Harris, Mrs. Jenkins, Mrs. Magahay and Mrs. Walker who either made a pick-up at the homes and delivery to the school one day per week, or a pick-up at the school and safe delivery home. Mr. Gibbs made a double trip, which of course involved setting aside his whole morning every Monday - and this is the second summer in a row that he has done so. And Mrs. Mondor made a double trip every Wednesday with three children, and how she managed this with two 'littler ones' at home we'll never know. A most remarkable lady with a heart of gold!

IV. Organization of the Clinic, Cont'd

H. Transportation of the Children, Cont'd

And finally a special word of thanks must go to Mr. Leonhardt and the A Ma Baie Citizens Association for the transportation of his son and four other children EVERY DAY, back and forth. His Citizen's Association encouraged him and assisted him financially and in the matter of time available to provide this needed service. Mr. L. gave up his lunch time and a whole month of his life because he cares not only about his own children but about other people's too. He was indeed the unsung hero of the Summer Clinic!

I. Secretarial Service for the Clinic:

SARAH VAN WALSUM was our volunteer secretary, baby-sitter, nurse, assistant, observer, organizer, 'chief cook and bottle washer' and so many other things to all of us in Summer Clinic '73. How one teenager could posses so much energy, talent, empathy, intelligence, good-will and sense-of-humour, we will never quite understand. Sarah deserves only the finest that life can offer and we pray that she will be rewarede a hundred-fold for her many knidnesses and her sincere dedication without remuneration to our 'little people' as well as to the adults in the Clinic. God Bless You, Sarah!

To Kluane Murray who generously volunteered much of her time to type reports, I am greatly indebted.

V. Teacher Preparation For The Clinic.

As per teacher recommendation from Summer Clinic '72, we were able to shorten the time of the Clinic itself from 6 weeks to only 5 by substituting eight 3-hour evening training sessions in the month of June. This was the equivalent of a University credit course and was accepted by McGill as a replacement for the sixth week of the hot summer in the Clinic. Two of the eight sessions were devoted primarily to evaluating the completed children's school and psychological files, and to preparing individualized programmes for the first days of the Clinic.

Our other six evening sessions were organized so as to expose all our teachers to a variety of material, methods, teaching techniques and the work of various professionals in conjunction with remedial teachers in our schools.

The French-speaking teachers worked with Dr. Raymonde Doyle, a new teacher with the Learning Centre of the Montreal Children's Hospital regarding Language and Reading problems; with Mrs. Marie MacPherson, a Social Worker from Service Social Aux Familles and with Miss Chantal Pagé-Arpin, an experienced remedial teacher. English presentations were made by Sr. Michael Paul, our Commission Maths Consultant; by Gwynne Foster and Donna Florence on Language Arts materials and methods; by Mrs. Margaret MacDonald regarding the Social Worker and Learning Disabled children; Gwynne Foster in the areas of Rhythm Training and Arts and Crafts media; and by the Director with a demonstration of a child's psychological evaluation. Bi-lingual presentations were made by Dr. Yves Laferriere, an Optomertrist and Consultant to the French schools of our Commission regarding vision problems; by Miss France Bergevin a teacher from the centre de Readaptation regarding Maths materials; and by Guy Dufresne who covered the fine-motor and gross-motor assessment and training aspects of learning problems.

While this In-Service training was taking place we were busy organizing our teaching teams, familiarizing ourselves with the children through the information available on their files and through contacts with their teachers. Finally we were ready to move into the Centre and to get to our work with the children.

VI. THE REMEDIAL TEACHING PROGRAMME OF THE CLINIC

A. Introduction

Our daily 3-hour programme with the children was essentially the same as the previous Clinic, i.e. a combination of activities designed to remediate individual academic deficiencies, and problems of attention, distractibility, insecurity, socialization problems etc. which the children possessed in varying proportions and combinations. Most of the children were products of many prior unsuccessful attempts at learning and the frustrations resulting therefrom.

We had to look for changes in attitude towards the learning situation; we had to seek for even minor improvements in the self-concept of the children. Much of our programme was geared to the social aspects of learning and living with adults and the peer group, and we attempted to instill in the children a new desire to learn and to live peaceably with themselves. Our work was designed more towards the group experience than the "private tutor" situation one would normally associate with a "one teacher and one student" situation.

B. Scheduling:

Although each child's programme was individually designed and modified on a daily basis, we organized ourselves similarly to last summer, i.e. we scheduled around the three days per week that we all worked in the Gym and the two days per week that we visited the Swimming Pool.

The concentration in these large goup situations was upon individual guidance and observation in areas that appeared to either particularly intimidate some children or others that suddenly freed them of their inhibitions apparent throughout their academic situations. We also scheduled as much time as possible for rhythm and dancing, for practical arts and crafts projects, for group singing and conversations, for nature walks, for work in the plsyground and the park, and for the many activities outlined below.

VI. The Remedial Teaching Programme of the Clinic, Cont'd

C. The Programme in the Gymnasium:

Again this summer Guy Dufresne trained our teachers in the detailed gross-motor screening and programming he had used in Summer Clinic '72. Guy consulted with each teacher regarding the 25 individual gross and fine-motor training programmes for the 25 different children, and he made himself available to all daily in the Gym.

Once again we used the Brian Cleary material of balance beams, image box, climbing boards, balance boards etc. and learned ingenious ways in which simple materials like ropes, sponges, wooden blocks, plastic hoops, barrels etc. could be used for an endless variety of motor training situations. And the trampoline again came into its own as the most popular single piece of gym equipment, as far as the children were concerned.

Teacher and child working on a one-to-one basis in the gymnasium under the direction of a visual-motor specialist, is clearly the ideal teaching situation - and we took full advantage of Guy's training and his many creative ideas. We were dealing with many severe problems and much avoidance behavior in this area of the child's development. We were training our remedial specialists and regular classroom teachers to look at motor training and its potential for education.

The Gym became a place to work with children to develop their auditory memory, their visual memory, sequencing ability, to develop skills in counting and alphabet training and to do the more obvious aspects of rhythm training, muscular coordination development, relaxation training, eye-hand coordination training body-image, laterality and dominance training etc.

Every child worked in the Gym with his own teacher and team leader for at least one full half-hour every second day and those with more severe motor deficiencies were able to work every single day.

VI. The Remedial Teaching Programme, Cont'd

D. The Programme in the Swimming Pool.

As in Summer Clinic '72 we took advantage of the proximity of the outdoor pool owned and operated by the City of Pointe Claire which was only five-hundred yards away from the school. Again we charged the parents a minimal fee for the eight half-hour sessions and Gary Malcolm from the Pointe Claire Winter Motor Training Programme was our consultantwhenever possible while he supervised another programme in Pointe Claire. Once again this part of the Clinic was seen by most teachers and by all of the children as one of the most significant parts of their two days per week.

E. The Programme of Remedial Academics:

In accordance with the recommendations of last summer's teachers, we freed our Team Leaders from the full responsibility of a child of their own to teach while they were attempting to supervise the work of 5 other teachers with 5 children. And it was particularly in the area of remedial teaching that we appreciated the wisdom of this decision, despite the fact that it meant the Clinic served 5 fewer children.

As a result, each of our leaders was able to spend their full morning with the five children in their charge without the distraction and responsibility of one other child of their own. They became much more familiar with five children and were in fact much more the teacher-of-teachers based on this closer knowledge of the children. The Leaders had many more opportunities to actually 'teach' the five children themselves and that allowed the student-teachers to observe the 'teacher' working with their child.

The teaching focus was placed upon specific academic remediation on a one-to-one basis and all our efforts were geared towards helping the children to learn HOW TO LEARN. Teachers worked alone with their child for part of every morning; they worked in their team of six teachers and five children; they worked in combinations of two or three teams at a time; and all five teams of 25 children and 30 teachers worked on some activities.

VI. The Remedial Teaching Programme, Cont'd

E. The Programme of Remedial Academics, Cont'd

The individual sessions were the most intensive and often the most traumatic ones for the discouraged children. The large group sessions were the 'fun' ones, for all but a few of the children whose 'difference' turned out to be an inability to function in the large group. For some this was because of an inordinate fear of the large numbers of people; for others it was the active session that frightened; the size of the room and the social context of the large situation was an inhibiting factor for others. Again here the children proved to us that no two of them were alike in their interests, their abilities, their talents, their likes and their fears.

F. The Socialization Periods:

We continued with our 'Juice Period' every day as a focal point for socialization of our children, and this was truly a time when they were able to tell us about themselves, their families, their friends, their interests etc. in the atmosphere of relaxed partaking of a snack. We used this Juice Period for a broad range of skill development where the children wrote down orders for juice, coffee and cookies for as many as a dozen people and attempted to come back with each order correct. This meant writing, reading what he had written, locating the room upstairs, find the proper things in the proper quantities to fill the order, arranging it all on a tray, carrying it to his classroom and passing it out. He was thereby developing his reading writing and maths skills, his visual and auditory memory, and using many fine-motor and gross-motor as well as social skills.

We started most of our school days in most groups with a sing-song session which included memory and rhythm training and which was a happy socialization time, a time to set the mood for another rewarding day.

Our daily arts and crafts sessions were a welcome creative activity for most of the children and all of the teachers, but as with every other activity, we found that some of the children experienced great feelings of insecurity in even these sessions.

VI. The Remedial Teaching Programme, Cont'd

G. The Arts and Crafts Periods:

Gwynne Foster again directed our Art activities and the children were to be found in any of a number of locations doing their measuring and cutting, sewing their own personal beanbag, making napkin holders from wood and popsicle sticks and raffene, weaving colourful baskets from plastic strips or working with clay, plasticene, papier maché and just about every other conceivable art media.

We cannot truly assess the worth to the children of the products of their own ingenuity and their own hands, or the pleasure it gave to them and to their parents. The fine-motor training, the counting and measuring, the weighing and pasting and cutting and painting were exercises in the practical application of maths and were artistic and creative activities carried out in a social setting. All these activities were designed to help the child to feel better about himself and to be able to take pride in the products of his fingers.

H. Our Trip to the Cheese Factory and the Piggery:

Through the kindness and extreme generosity of the parents of children in one of our elementary schools, we were able to arrange that the full staff and all the children would travel together by chartered bus to Maskinongé, Quebec, a distance of some 55 miles from Montreal on the road to Trois Rivieres to tour a cheese factory and the adjoining piggery.

We prepared our groundwork with the children as carefully beforehand as possible by talking and reading about cheese and pigs. We watched movies, shared previous experiences about animals and much of the fun was in the anticipation. Finally the big day Wednesday July 11th arrived; a beautifully sunny day. The bus was ready when we arrived at the Centre. We piled into our bus with an assortment of cameras and film, tape recorders, children, teachers, guitar and vivid imaginations. None of us really believed that we were about to see 5000 pigs from birth all the way up to producing sow.

VI. The Remedial Teaching Programme, Cont'd

H. Our Field Trip, cont'd

Mr. and Mrs. Saputo had prepared their staff and facilities for our arrival and they not only provided us with an unbelievable tour of the Caillette Cheese Factory and their Piggery a mile and a half away, but they supplied all 55 of us with free ice-cream cones upon arrival and a free lunch between the two tours.

The children took hundreds of pictures, recorded the many and varied sounds of the trip, the two factories, the squealing of the piglets and the conversation of the other children and teachers. The memories we all retain of this particular day are as vivid now as they were in mid-July. But the one memory that will linger in everyone's mind for many many years to come is that of the sight we saw of a WHOLE LITTER OF PIGS ACTUALLY BEING BORN. We have the pictures to prove it, but the more important pictures are ingrained in the visual memories of every child and every teacher who was a part of Summer Clinic '73.

We must express our most sincere thanks to Mr. and Mrs. Saputo who were so generous in sharing with us their facilities and in realizing the potential for education that is available at Caillette's. Our field trip was indeed the high point of our summer!

VII. The Teachers' Programme:

After the children had gone home at noon we rushed up to our meeting room and gulped our lunch while we spent a full hour every day in discussion of as many children and their progress to date as we were able to deal with appropriately. These discussions took place for over an hour in English for the teachers who taught in that language, and the following hour was a group discussion of the French children.

We found it necessary this year to split into two different language discussions because of the sheer numbers of children to be considered, compared and evaluated daily, and the discussions had to take place in the working language of the teachers. This caused an obvious split in the concept of all of us 'working together', but in the long run we were able to consider more of the children every day.

As a result of the noontime evaluation sessions, we were able to familiarize all the English teachers with all fifteen English children, and all the French teachers with the ten French-speaking children. In this way teachers had more detailed information on the five children on their team while they were the most familiar teacher with all the problems of the one child assigned to them and finally they obtained insight into the progress and daily functioning of the larger group of ten or fifteen in their sector.

We encouraged the teachers-in-training to verbalize their own observations, problems and concerns about their children while deliberately restricting the natural tendency of the more experienced teachers and team leaders to monopolize this group evaluation session. Teachers invariably find their answers to methods and material as well as to teaching techniques from consulting their peers - and this indeed proved the value of the noontime discussions.

After the daily group discussions we returned to our teams to plan the next day's programme geared to any new development in the child's academic and social or emotional life. Here the teachers-in-training tapped the infinite resourcefulness of their leaders, the trained teachers and the ingenuity within themselves which was blossoming in the variety of teaching situations offered daily. Teachers were only permitted to leave the premises when the following day's individual, team and often multi-team planning had been completed - then to return afresh the following morning.

VII. The Teachers' Programme, Cont'd

With the children being delivered to school and picked up again every day there was frequent parent-teacher contact with most parents in the school steps, and daily contact with most parents. In this way the teachers were kept abreast of progress at home and of the changing relationships and amended self-concept of the child which was making itself felt outside the Clinic. Thus another vital aspect of the Clinic was this daily feed-back and visit with our parents.

Our teachers found a relationship developing quickly between parent and teacher and most would have preferred this situation to be a part of the regular school routine. Unfortunately our schools during the winter are not set up to have daily visits with parents as they come to school to claim their little ones. More th. pity!

VIII. Parent Participation.

The parents of the Clinic children were included in the earliest possible stages of planning throughout until a day or two after the children had departed for vacation and parents were summoned for their final interview with teacher and team leader.

At the stage where the child was brought by his parents to Ste. Jeanne for his complete psychological evaluation the parents were kept as closely informed as possible and encouraged to participate. As with previous years, we could not have been more fortunate in the extent to which our parents appreciated the efforts expended upon their specially selected and most fortunate little ones. Our concern at this stage was that we were not able to accept all 100 children referred by the schools.

We deliberately made as few demands as possible upon our parents prior to the actual start of the Clinic, but the ones we did make included: meeting with the psychologist for the evaluation; making some kind of arrangement for the daily transportation of their own child if they were able to do so; bringing the child back for a picture-taking session; providing us with $5 for the Swimming Pool fee; making a contact and being interviewed by one of the Social Workers at Lakeshore Community Services; becoming involved in the Parent Discussion Groups; and finally returning to school for the final progress report in the last week.

As indicated, we received only the finest of moral and physical support and cooperation from all our parents. We attempted to keep our demands upon these families as few as possible. We fully realized that in most cases the child's family had arranged their whole month of July and their family vacation around the operation of Summer Clinic '73.

IX. Participation of the Social Workers.

We sincerely believe that one of the most successful aspects of Summer Clinic '73 was the support and involvement with our parents that we received as a community service from Mrs. Margaret MacDonald and Mrs. Jane Grey of Lakeshore Community Services. These two talented ladies conducted once weekly evening sessions on Wednesdays and once weekly morning sessions on Fridays as an opportunity for the parents of our learning problem children to air their own feelings, concerns, understanding and acceptance of the difficulties their children were experiencing in school and at home as a result of this so-called 'learning disability' which had finally been brought out into the open by the classroom teacher referring them to the Clinic.

Margaret and Jane have had many years of involvement out here on the Lakeshore and are strong advocates of a preventive approach to family problems - many of which result from the fact of having a child in the family with a learning problem. The parents who finally summed up the work of these sessions by saying that they finally had found others who really 'understood' what it was like to live with this kind of child, when previously all they received from friends and relatives was criticism or undesired advice - spoke for all the parents. This was the purpose of the Social Workers dealing with parents and not children, while the teachers worked with the children.

While teachers were adjusting the child's perception of himself, Margaret and Jane were concentrating on handling the parents' guilt or confusion or loneliness and discouragement about their own part in their child's problem. The fact that most parents came to a genuine acceptance of their situation only with Margaret and Jane's assistance, proves the point that we have made continually that the schools must provide this kind of support for parents. Frequently it is necessary to refer to community Agencies to find the properly trained and experienced personnel who can provide proper parental guidance. That is what Social Work is allabout. That is what Lakeshore Community Services provides in abundance. And the parents of our children will testify to the effectiveness and the genuine need of this kind of parent-social worker participation.

Thank you most sincerely, Margaret MacDonald and Jane Grey. Without you we would not have been able to work the changes in children and particularly parents that did occurr. Without your generous involvement and talented efforts we would only have done helf the job!

X. Follow-up to the Clinic

This year's follow-up interviews in the schools to which the children returned in the Fall will be done by our Team Leaders who had been released from responsibility of one child in order to become intimately involved with five children - and who are the logical people to check back with the schools. Since many of our Clinic teachers came to us from other school Boards and live in far distant locations, Donna, Gwynne, Frank, Guy and Pierre-Paul will do a mid-year teacher interview to assure that the recommendations of the Clinic are being provided within the schools, and to determine the rate of progress of the child during this the following school year.

Our team leaders will communicate progress and any possible unexpected complications back to clinic teacher and parent. We must do this in order to assure that our efforts will be worthwhile and lasting, and to provide any more support and remediation that may be necessary throughout this successive school year.

XI. Conclusion.

In conclusion I would like to add a sincere word of thanks to my Supervisor, Mr. Donald Myles, our Director of Pupil Personnel Services, who gave us such strong and constant moral support and who is really the inspiration for all that we manage to do in Special Education in the English schools of the Commission.

A particular word of thanks must also go to the enlightened School Commissioners who saw their way clear to voting a much larger amount of money for Clinic '73 than for the two previous Clinics. They understand that these children are deserving of the extra help; they realize that the Clinic is truly a need in our area; and they could have used all that money for some other worthy purpose.

Mr. Commissioners, the chosen children have benefitted immeasurably from your informed decision to let us continue operating. Hopefully we can continue with Summer Clinic '74 and '75 etc. and we hope that the recommendations in the following pages will not cause you more of a financial burden. Please let us repeat this Summer Clinic experience so that we may serve more children each year in a situation that invariably will effect the rest of their lives!

ATTACHMENT 'A' - TEACHER RECOMMENDATIONS:

Recommendations from Clinic '73 Teachers:

Recommendation 1: Team Leaders:

Retain the situation where the Team Leaders are freed from assignment of a child to their care in addition to their work as supervisors. This worked to the benefit of the teachers and particularly to the benefit of the children of Clinic '73.

Recommendation 2: Teacher Training:

Retain the advance in-service training for two evenings per week prior to the Clinic as opposed to an extra week in residence for the teachers. More training and observations of test administration and assessment of children is recommended as part of the training. Teachers request time to be built into training month where they can have supervised administration of tests about which they studied in prior courses, and which they are assumed to be familiar in the Clinic.

Recommendation 3: Advance Preparation of Clinic - April First:

For future Clinics have complete files ready no later than the beginning of April and have the Team Leaders assigned and preparing the Clinic by April 1st.

Recommendation 4: Gross Motor Testing - Guy Dufresne:

Clinic teachers recommend that Guy's motor test be completely translated into English and an In-Service Training session be done for all English teachers. If, however, a similar test is available in English then In-Service in this test is imperative for at least our Special Education Teachers.

Recommendation 5: Guy Dufresne:

Because of double duty of responsibility as French Supervisor and Gym Supervisor, M. Dufresne was not able to be as available as often to all the teachers as required. In future Clinics a French Director and a separate Gym Director would be a necessity.

Recommendation 6: Structure:

A strong recommendation was made by the English teachers that the atmosphere of little structure and all teachers sharing their views in discussions - must be continued in future Clinics.

ATTACHMENT 'A' - TEACHER RECOMMENDATIONS:

Recommendations from Teachers, Cont'd

Recommendation 7: Commencement of Clinic:

As happened this summer, the children must come to Clinic immediately in June and not go for a July vacation first as was reported in the Montreal Star as a parent recommendation. Teachers believe the children need the remedial situation THEN their vacation in August.

Recommendation 8: Parental Interest:

Teachers recommend strongly that where there are two parents in the home and only one expresses an interest in the Clinic beforehand, then this child be passed over for cases where BOTH parents can benefit from our work. In the few situations where this happened this summer, it was obvious to teachers that they of both parents in order to reap the best results for the children.

Teachers suggest that the Principals be careful NOT to recommend uninvolved parents, and furthermore that the Principal have some form for parents to sign before recommendation for Clinic, indicating that the parents and children will present themselves for ALL sessions. The teachers felt that in some cases parents did not realize what a privilege it was for their child to be accepted and did not appreciate the work done for their child.

Recommendation 9: Swimming Pool:

Much more structured programme is necessary for the Swimming Pool and we must purchase the consultant services of Mrs. Wendy Campbell or another of George Gate's Pool Supervisors - for future Summer Clinics.

Teachers in Training and salaried teachers who have Pool Instructors Credits, or Life Saving Training - should be given preference when applying to become involved in future Summer Clinics.

Recommendation 10: Younger Children:

Again the Clinic Teachers recommend that we accept primarily Kindergarten through Grade 3 children for future Clinics because these children are less discouraged and have had fewer unfavourable educational experiences prior to the Clinic. The older children, as a rule, were found to make less progress in the short time of the Clinic.

ATTACHMENT 'A' - TEACHER RECOMMENDATIONS

Recommendations from Teachers, Cont'd

Recommendation 11: Accepting Children for Clinic:

The final decision for accepting children should be done by a committee including the Director, a psychologist AND the team leaders - for all future Clinics.

Recommendation 12: Teacher Training:

Future teacher - training sessions must cover in much more detail the objectives of specific training done in all areas including the rhythm training, gross motor training and the intricacies of why a particular exercise is used to remediate a specific problem. More theory must be included in the training sessions; and more time must be allotted than the 18 hours this year.

Recommendation 13: Regarding Resource People:

Resource professionals present; in the employ of the Commission, such as Ortho-pedagogues, Ortho-Phonists, Social Workers and particularly Psychologists - must be assigned to the staff of the Summer Clinic, for at least the noontime discussion periods.

Teachers request that a French psychologist animate and intervene at the noontime discussions.

Recommendation: Separate Clinics for English and French

With two years experience as a functionally uni-lingual Director of a bi-lingual Learning Clinic, it is strongly recommended that the needs of the teachers and students made it impossible for one person to successfully conduct what became in effect two separate Clinics in 1973.

With the experience we have gained over the past two summers we would recommend two separate Clinics, one English and one French serving 25 children each. We would continue the team approach; would work with teams of one leader, two salaried teachers and three teacher-trainees working with 5 children.

If 50 children with two Directors is too expensive a proposition to consider, then two separate Co-Directors, one from the French sector of our Commission and one from the English sector is recommended with a minimum of 15 children in each section. The differences in teacher-training and basic educational orientation are so that the Director must be drawn from separate sectors. The differences between the progress we have made in Special Education within Baldwin Cartier and that made outside our Board in the Montreal area, is also marked that we must use our own experienced people who have progressed along with us. We should not look to outside professionals who in all likelihood would not appreciate the workings of our superior system.

Humbly submitted for your consideration,

Ed Gallagher M.Ps.
Psychologist.

ATTACHMENT 'B' NORTH SHORE NEWS ARTICLE:

The following comprehensive and very perceptive article appeared in the North Shore News of August 2nd. Mrs. Vanderstuis spent a complete day with us and her inspired article says far more than we could, truly capturing the 'feeling' of a child's day in the Clinic. Thank you, Mrs. Vanderstuis.

ATTACHMENT 'C' MONTREAL STAR ARTICLE

The following article with the headline "Each Student Has His Own Teacher" appeared on Page 1 of the Montreal Star of Wednesday July 25th and continued on page 3 with the heading "Bilingual Clinic" on Page 3. We were most appreciative of the publicity that we received, mostly because of the impact this can have upon the whole field of Special Education to which we are dedicated. It certainly did not hurt to find an effort of the Baldwin-Cartier School Commission featured on page one of the largest daily newspaper of the largest city in Canada - it was well worth the time set aside for Hilda Kearns and her Photographer.

For those who may have been wondering how this kind of publicity comes about, this Montreal Star Article resulted from Miss Kearns' own personal interest in the whole field of learning disabilities and as a direct result of her inquiry at the Quebec Association for Children with Learning Disabilities. These kind people who are so interested in any School Commission's efforts and support - to say nothing of financial outlay - in the cause of Learning Disabilities, informed Miss Kearns that the ONLY SCHOOL COMMISSION ON THE ISLAND OF MONTREAL who had actually provided their own Learning Clinic for their own children as a result of accepting responsibility for their children - was our own Baldwin-Cartier School Commission. When they visited us in our last week of operation they were particularly struck by our unbelievable pupil-teacher ratio and by our bilinguality. Thereby the orientation of the article. And obviously the editor felt it made for front page notoriety! With this kind of support and publicity we can hope that other School Boards will see their own way clear to follow Baldwin-Cartier's example. If we could only see our efforts duplicated in a half-dozen School Boards in Summer of '74 - think of the benefits reaped by so many children and their families!

Learning disabilities being overcome

Learning goes on at "Summer Clinic '73"

by Cebea Vandersluis

After the first week or two of summer vacation has passed, it's a rare child who, one day looking bored and listless, hasn't approached the parents with a big, fat sigh and uttered those famous words: "There's nothing to do." It's as inevitable as tomorrow because after the first flush of freedom from school's structured day has waned and the family vacation is over (for those lucky enough to enjoy one) a free play period of two months stretches endlessly ahead ... it's just too much of a good thing.

For twenty-four lucky children of the Baldwin-Cartier School Board, this is not so. Of the sixty-five children screened by the school board's psychologist, Ed Gallagher, who is also director of the clinic, these twenty-four students were chosen to attend, "Summer Clinic '73", a clinic at the Centre de Readaptation at 5 Ste. Anne St. in Pointe Claire, now in its third year of operation for children with learning disabilities. The children attend the school from 8:45 a.m. to 11:45 a.m. from Monday to Friday during the month of July.

Not to be confused with mental retardation, one or more handicaps prevents these youngsters of average or of above-average intelligence from learning skills in the usual way. They have experienced persistent difficulty in achieving in a regular classroom at their age level. The first objective of the summer clinic is to teach these youngsters in "other ways".

The symptoms of children with learning disabilities are many: poor visual discrimination, such as difficulty in distinguishing between p, b, d, or 21 and 12; poor visual memory — forgetting what he has seen or read; poor auditory discrimination — inability to distinguish between different but similar sounds; poor auditory memory — an inability to remember a request long enough to follow it; poor kinesthesia — difficulty in distinguishing between familiar objects by feeling; poor eye-hand coordination — difficulty in copying; poor spatial orientation — remembering the difference between right and left, up or down; poor figure-ground — difficulty in selecting a word in a sentence; perseveration — difficulty in shifting from one activity to another; hyperactivity — inability to concentrate in class; disinhibition — an "I don't care about anything" attitude and finally, poor self-image.

To complicate the matter further, many children with learning disabilities suffer from emotional and behavioral problems resulting at least in part from their consistent failures in learning.

ONE-TO-ONE RATIO

As director of the clinic Mr. Gallagher co-ordinates the efforts of special education teachers, the gym specialist, parents and social workers in identifying, evaluating and solving the children's specific and composite learning problems. The student-teacher ratio is one-to-one. Teaching is carried out on a one-to-one, small group and large group basis with one teacher being assigned one student for the complete clinic session.

Several teachers are specialists in special education with the Baldwin-Cartier School Board. Fifteen teachers are from a total of seven other school boards. Some of these teachers are taking in the summer session for part of their accreditation in special education from McGill University and at least four teachers are completing their Master's Degree in Education with McGill through the clinic.

This year's teachers and pupils are organized into five teams, each headed by a team leader. There are three English teams of five children and two French teams, one of five children and one of four children. These youngsters range in age from six to ten, from grade one to grade five. Ninety per cent of the children will return to regular classrooms in September. Their learning disabilities have been assessed as specific and mild.

A total of seven children were enrolled at the first summer clinic held two years ago by the Baldwin-Cartier School Commission and the

SUMMER CLINIC 13

Lakeshore Regional School Board. Last year's clinic expanded its enrolment to include a total of nineteen children from these two school boards. Mr Gallagher hopefully estimates next year's clinic will accommodate a total of fifty students.

At clinic's end, a complete report is compiled for each student and forwarded to the special education teacher in his school with specific directives as to follow-up work to be pursued during the school year.

The child's regular teacher is briefed on his specific problems and each of the clinic's teachers must check on his student's progress at different times of the year. Parents are also given step-by-step instructions as a means of helping their child learn new skills in his particular area of difficulty.

Margaret MacDonald, a staff consultant of the Lakeshore Community Services, along with Jane Gray and Ken Fitzgerald, had met with parents during the month of May to enlist their cooperation in the form of interest in the clinic's work. Subsequent meetings including those during the summer clinic on Wednesday evenings and Friday mornings have ensured full cooperation between staff and parents with one purpose: to help the child.

"All parents of children who have any problem," said Mrs. MacDonald, "have some feelings of guilt and anxiety that make them feel overprotective."

She was quick to point out the parents of the children in the summer clinic, "really care — want to be helpful" and stressed "we see our work with the parents as a prevention type rather than a crisis intervention or cure. We're resource people for the community."

Mr Gallagher maintained, "The more the social service gets into this, the better."

PARENTAL RESPONSIBILITY

Parents of children accepted for the summer school were to be responsible for five things: their own child's transportation to and from school, an appointment with the Lakeshore Community Services, attending the parents' sessions whenever possible, a $5 swimming pool fee for the City of Pointe Claire and bringing their child in to have a picture taken.

These pictures were displayed in the teachers' meeting room where, even as they eat lunch, the teachers are discussing each day's work and evaluating each child's progress. The oversized head-and-shoulder photographs have allowed for instant identification of each child from the clinic's first day of operation. The afternoons at the clinic are allocated to preparation of the next day's curriculum.

The clinic's setting is idyllic: the playground and fields behind the school used for some physical activities and nature walks overlook Lake St. Louis, where sailboats waft by on a fresh breeze and birds swoop and glide at the water's edge to the rhythmic beat of beaching waves.

The complete Centre de Readaptation has been taken over by the summer clinic plus several rooms in the adjoining elementary school of Marguerite Bourgeois. In the opposite direction is the indoor swimming pool where the youngsters and teachers swim on Tuesday and Thursday mornings for a half-hour.

The youngsters' and teachers' enthusiasm is immediately obvious to the onlooker. "The children are dying to get there," said Mr Gallagher.

The parents who met last Friday morning at the school were unanimous in their agreement.

"Our family's never had a happy summer like this one. It's simply because our daughter's so happy," enthused one mother as others nodded in approval. Some children arrive at school as early as 8:00 a.m. to enjoy supervised free-play despite the fact classes only begin at 8:45.

For most of the students it's a complete reversal of attitude from regular school when their repreated failure to achieve has gradually resulted in disinterest or outright aversion to school attendance.

I arrived at the centre on Friday morning just in time to join in the 8:45 sing-song. Alternating teachers and children sat informally in a large circle of chairs, desks or floor and sang new songs and old favorites to the accompaniment of an autoharp played by Gwynne Foster, one of the team leaders.

All were action songs such as, "Napoleon avait 500 soldats," where each verse deletes words sung replacing them by a clap of hands for each of the missing syllables and end with the stomp of marching feet.

The grand finale, "The prettiest little car that you ever did see", whose "wheels are on the ground and the motor in the car makes the wheels go 'round" — a musical version of the "I packed my bag to go to France" game. This particular little car has umpteen items enjoying the ride — the

Please turn to page 5

Cont'd from page 4

subsequent verses adding a bevy of passengers from a flea to an elephant, each accompanied by an appropriate outlining gesture as it was mentioned.

After the sing-song, most teachers and pupils dispersed for a period of individual instruction in the academic subject most in need of attention — composition reading or arithmetic.

Gwynne Foster's class remained in the gym and for the time surrounded by equipment and activity. The gym specialist explained how each of the students had been pre-tested before the end of June to identify the three major problem areas that could be helped by gym activities. These were being concentrated upon during gym sessions with exercises suited to each child's needs.

There were single ropes and a rope ladder suspended from the ceiling, stationary wooden ladders and an assortment of balance boards, a springboard, trampolines, blocks of wood and sponge, hoops and bicycles and finally an oversized cube with openings of various shapes for children to crawl through.

While one girl bounced on the large trampoline, merrily counting by ones, twos, fives and threes, another was exercising by the teacher's direction on a gym mat. A young boy negotiated various parts of a two-hoop design, listening carefully to his teacher's list of instructions before attempting to execute them.

Completely intrigued, I watched a little girl methodically work her way through a three-dimensional structure of four hoops set up in much the same manner as a house made out of playing cards.

After several unsuccessful attempts, she succeeded, beaming from the other side, having managed to crawl through without upsetting the structure's precarious balance.

"She really has to be aware of what all parts of her body are doing to manage that," mused the instructor.

The team leader bustled from one child to another, offering variations to the exercises being done.

Mr. Gallagher joined us. "If you don't want to miss the children's participation in kitchen duty, they're nearly finished," he warned. I found Toyoko Zubet and her pupil Linda pouring juice and coffee carefully counting the cookies needed for the group. During juice time, each child was encouraged to talk in turn while all the others listened carefully.

Teachers and pupils dispersed once more for individual instruction. This time I caught them on: one young lady had just about mastered the art of riding a bicycle on the paved area behind the school; Ron Forcese's pupil was busily writing a composition on Wednesday's field trip to a cheese factory and a hatchery (where cod pups are raised) in Muskoka.

A gifted youngster was working to read with expression by reading aloud into a tape recorder, then listening to the playback. Yet another was trying to remember his path through the three-hoop design in gym by reviewing it on paper.

It was time to return to the group's homeroom where the painting of a mural depicting Wednesday's field trip was already in progress. At one end, the bright blue and white bus was already nearing completion while at the other

Please jump to page 13

Moulding clay into attractive designs and creations is one of the activities most enjoyed by the students at the summer school. Teacher Marlene Sallee, left, pitches in to help students Susanne Mondor, Dollard, and Robbie McCeodie, Dollard. Instructors Brian MacDevitt, Kirkland, and Donna Florence, Dollard, are at extreme right.

Trans-Can photo

Learning disabled

Cont'd from page 5

the piggery grew from a simple bold red outline to the gayest of red and yellow polka dot structures. The rest of us busied ourselves preparing the surface of hand-wrought pottery, another day's creative project, now sufficiently dried to sand for glazing and firing at the potter's kiln.

"I'd like to try another session of modelling in clay, but there's so much we want to do. Time is so short — we never seem to have enough," Gwynne lamented.

If I was going to make it to the gym within a few minutes to take part in the last group gathering of the day featuring the rhythm band and "The Seven Steps" a gymnastic feat of movement set to music to be enjoyed by all, time was indeed running out.

I joined the parents' group for the briefest of talks. Even so, they reinforced my conviction that the clinic was providing their children with a chance to grow and they were becoming more aware of their children's potential. "There should be more help like this available. I feel so fortunate my child was chosen," was repeated more than once.

We arrived at the gym just as the rhythm band's instruments were being packed away. There was sufficient time for just one more activity. "The Seven Steps." Teachers, students, parents, small siblings, all joined hands as the music began.

The rhythm was perfect for skipping — seven skips to the right, seven skips to the left, seven jumps on the spot, down on one knee, up — the whole to be repeated seven times until two knees, two elbows, two hands, and one head touched the floor.

"If you think this is something — you'd need my neighbour as we bobbed up and down — wait and see what your legs feel like when it's over." She was right but she forgot to mention how they'd feel the next day and the next. Still, I'd do it all over again next summer.

MONTREAL STAR, Wednesday, July 25th, 1973.

BILINGUAL CLINIC - EACH STUDENT HAS HIS OWN TEACHER. by Hilda Kearns
Staff Photos by Gordon Beck

It's One Teacher To One Child At The Baldwin Cartier Learning Clinic Which Has Been In Operation For Three Years.

It's a beautiful July day and the 10-year-old boy is the only student in the classroom, But he is not alone. His teacher is there too. She makes encouraging sounds as he practices writing the letter "i" on the blackboard. In the school gymnasium, a child of kindergarten age has the undivided attention of another teacher as she springs on a trampoline. One teacher, one child is the unbelievable teacher-pupil ratio offered by the Baldwin Cartier School Commission in the bilingual summer clinic it has been operating for children with learning disabilities for the past three years.

"Our ratio is a ltle better than one to one," admits Ed Gallagher, the commission's staff psychologist. "We have 30 teachers and 24 students." The teachers are learning, too. A secondary but important purpose of the clinic is to train teachers in the early identification of learning disabilities and the techniques necessary for remedial teaching. Seventy-five have been trained to date. Half the teachers in this year's clinic are working to earn credits toward their diploms in special education through McGill University special education department. Teachers pay tuition to McGill for the course and McGill turns the money over to the clinic to provide the practical experience. Teachers come from the Baldwin Cartier commission's own schools as well as from a variety of other boards - Protestant and Catholic, nglish and French.

All of the 24 children, who range in age from six to 11, are from the commission's own schools. Fifteen are from schools in its English sector, nine from shools in its French sector. Their learning difficulties include impaired visual and auditory perception, and motor disabilities. Some have problems of social behavior, speech immaturity, language, reading, language arts and maths. The four-week clinic, held at Ste. Anne Street in Pointe Claire, offers the type of country setting which allows teachers to use novel teaching methods. Children are in school from 9 a.m. to noon and part of their time is spent in the large swimming pool adjacent to the clinic, or in the large playground at the back of the building.

MONTREAL STAR article, cont'd

The atmosphere is so relaxed the children learn without pain. "They know it's school because they are doing a lot of work they don't want to do," laughed Mr. Gallagher. Before a child goes to the clinic, arrangements are made for him to speak to a child who attended a previous clinic. "They dont like the idea of another month in school but their attitudes change when they get here," Mr. Gallagher said.

The gymnasium program, under the supervision of Guy Dufresne, is a lure in itself. Here, too, the teacher and child work on a one-to-one basis with the child thinking of it as fun and the teacher seeing the opportunity to help him develop his auditory memory, visual memory, sequencing ability, counting, alphabet training, rhythm training, muscular coordination and so on. "Teachers are exposed to a new world of possibilities for education," Mr. Gallagher said.

A progress report is prepared for the child's class teacher as well as for his parents at the end of the clinic. "These are written reports and we make specific recommendations to both teacher and parents," said Mr. Gallagher. "We like to see fathers and mothers because the results of our evaluations are important to both. In many cases learning problems have been vaguely identified and the month with the child may lead us to change the focus. In some cases we recommend medical attention because our theory is to be sure there is nothing wrong physically. For example, if a child has difficulty hearing, a teacher cannot expect him to listen."

Initially, the child's learning problem is detected by the child's teacher and diagnosed by the psychologist who recommends the summer clinic. Mr. Gallagher said there is a desperate need for this type of clinic. He will recommend to the commission it be expanded next year to include 50 children. The majority of parents are thrilled with the progress their children make during the month. They have suggested that the clinic be held in August instead of July, next year. "Parents find their children develop an eagerness towards school and they feel there is more chance of that feeling being sustained if they go from the clinic straight to the classroom," Mr. Gallagher said.